Health in Prisons

The aim of WHO Health In Prisons is to improve the health of the 11 million people in prison globally (1.5 million in Europe). At the same time, this contributes to achieving the Sustainable Development Goals: SDG 3 (Ensure healthy lives and promote well-being for all at all ages) and SDG 10 (Reduce inequality within and among countries).

This work also supports the WHO General Programme of Work (GPW 13), adopted at the 2019 World Health Assembly, and the European Programme of Work (EPW), adopted in 2020, both of which promote increased universal health coverage and healthier populations.

“We cannot say often enough that health is a human right to which everyone is entitled, regardless of who they are. Collectively, we should meet the needs of the underserved, marginalized, and most vulnerable populations of the Region. It is our moral obligation to make health fully inclusive and non-discriminatory in every context; this is central to our understanding of universal health coverage.” Dr Hans Henri P. Kluge, WHO Regional Director for Europe

There are several international standards informing prison health. The United Nations Standard Minimum Rules for the Treatment of Prisoners comprises 122 rules covering nine thematic areas, including medical and health services, staff training, vulnerable groups in prison, investigation of deaths, and preserving the inherent dignity of people in prison. The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders takes into account the specific needs of women. The Council of Europe’s European Prison Rules highlights good practice and principles for the provision of prison health.

These standards provide a human rights-based approach to the health of people in prison, highlighting the importance of humanity and respect for the inherent dignity of the human person, and the right to access to a standard of medical care which is at least the equivalent of that provided in the wider community.

In 2019 WHO Health in Prisons published country profiles and a Status report on prison health in the WHO European Region, which revealed enormous diversity and significant health inequalities in prison populations across Member States.

WHO is committed to supporting health ministers to engage with their colleagues across government. Recognizing that robust prison health governance arrangements are needed to reduce health inequalities and ensure principles of equivalence and integration of prison health services into national policies and systems, WHO Health in Prisons has published statements on whole-government approaches to prison health to support action. The WHO policy brief Good governance for prison health in the 21st century highlights such governance arrangements and points to Member States’ special duty of care for people in prison and the importance of clinical independence.

Although there are currently a variety of models of prison health accountability across the Region, the WHO Regional Office for Europe recommends leadership from health ministries to achieve health equity. Most importantly, a whole-of-government approach is required to improve health. Finally, to ensure effective and sustainable action, WHO Health in Prisons has supported improvement of the evidence base on prison health and workforce development through the Worldwide Prison Health Research and Engagement Network (WEPHREN).
Addressing prison health for a community dividend

Prisons are an important setting to address health inequalities and to improve the health of an underserved population. People in prison move in and out of prison and the community, so addressing health in prisons has an impact on wider community health outcomes, such as the prevention and control of infectious diseases. In addition, many drivers of criminal behaviour, such as substance use disorders and mental health, are related to health, so action on these health-related conditions can reduce reoffending. By addressing health needs early, there is an opportunity to reduce later costs in health care and community safety.

In its most recent action plan, WHO Health in Prisons defined five main areas that should be promoted in order to refocus and consolidate its aims. These pillars involve policy development and legislation to improve prison health; strengthening the interface between prison health systems and wider national health systems to promote continuity of care for prisoners; supporting evidence-based practice and health needs assessments in prison health, thereby helping to increase the efficacy of services and to achieve better health outcomes; fostering capacity-building processes in prison health in Member States; and building alliances among key stakeholders, in order to coordinate action, create synergies and mobilize resources to secure sustainability. The success of this action plan will require increased commitment from Member States, and prison health will need to be promoted in the agenda of relevant international bodies and programmes in order to ensure that no one is left behind.

People in prison “are the community. They come from the community; they return to it. Protection of people in prison is protection of our communities.” Joint United Nations Programme on HIV/AIDS (UNAIDS) Statement on HIV/AIDS in Prisons

For more information visit: http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health

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